PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

| appropriate. All further indicated unless correct maintenance fee notificated unless correct maintenance fee no | correspondence including the correspondence including the correspondence including the corresponding to the corres | ng the Patent, advance of herwise in Block 1, by (| DE FEE and PUBLICAT rders and notification of a specifying a new come | ION FEE (if required), I maintenance fees will be spondence address; and/o | Blocks 1 through 5 shomailed to the current of the current of (b) indicating a separ | ould be completed where correspondence address as ate "FEE ADDRESS" for |
|--|--|---|---|---|---|---|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | |
| 31647 | 7590 12/19 | 9/2006 | цач | | · · | |
| DUGAN & DUGAN, P.C. 55 SOUTH BROADWAY TARRYTOWN, NY 10591 | | | | Certificate reby certify that this Fee es Postal Service with surcessed to the Mail Step smitted to the USPTO (5) | e of Mailing or Transm 's) Transmittal is being fricient postage for first ISSUE FEE address a '1) 273-2885, on the dat | ission deposited with the United class mail in an envelope bove, or being facsimile to indicated below. |
| • | | | | Sheri Griffi | B(- | (Depositor's name) |
| • | | | | | \sim | (Signature) |
| | | | | | 3/14/ | 2007 (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | ATTO | RNEY DOCKET NO. | CONFIRMATION NO. |
| 09/970,613 | 10/04/2001 | | Mark Holst | 995 | 5 US Y02 | 3611 |
| TITLE OF INVENTION SEMICONDUCTOR M. | ON: EFFLUENT GAS ANUFACTURING EFF | S STREAM TREATMI LUENT GASES | ENT SYSTEM HAVING | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 03/19/2007 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | |
| DUONG, THANH P | | 1764 | 422-169000 | | | |
| Change of corresponder CFR 1.363). | ence address or indication | n of "Fee Address" (37 | 2. For printing on the p | | . Dugan | & Dugan, P.C. |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer | | | or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 | | | |
| Number is required. | | | listed, no name will be | printed. | <u> </u> | |
| | | | THE PATENT (print or typ | | lentified below the doc | ument has been filed for |
| PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | |
| | | | | | KI) | |
| Applied Materials, Inc. Santa Clara, CA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XX Corporation or other private group entity Government | | | | | | |
| Please check the appropri | ate assignee category or | categories (will not be pri | inted on the patent) : | Individual XX Corporation | on or other private group | entity Government |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. | | | | | | |
| A check is enclosed. Distriction Fee (No small entity discount permitted) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| Advance Order - # of Copies 2 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 60-1074 (enclose an extra copy of this form). | | | | | | |
| 5. Change in Entity Stat | us (from status indicated | l above) | | 50- | H) 74 (4.10.000 u.m.) | on the total. |
| | SMALL ENTITY statu | | Db. Applicant is no long | er claiming SMALL ENT | TTY status. See 37 CFR | 1.27(g)(2). |
| NOTE: The Issue Fee and nterest as shown by the r | Publication Fee (if requeecords of the United State | ured) will not be accepted es Palent and Trademark | from anyone other than the Office. | e applicant; a registered a | ttorney or agent; or the | assignee or other party in |
| Authorized Signature | Ololel | Mulic | 4 | Date 02 | 12112 | 007 |
| Typed or printed name Robert W. Mulcahy Registration No. 25,436 | | | | | | |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. lox 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. | | | | | | |
| 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | | |